SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) **CLAIMS** AFTER **AFTER AS FILED** 2nd AMENDMENT 1st AMENDMENT IND. DEP. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. TOTAL TOTAL IND. IND. TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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